

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488742	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Association of REALTORS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 18 / 2014</b>	
Mailing Address <b>430 N Michigan Ave</b>		Amount <b>100.00</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60611-4011</b>	Transaction ID : <b>E5848E24AB6D24AC5982</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Consulting Services		Category/ Type	
Name of Federal Candidate Rep. Mike Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> State: <b>ID</b>
Calendar Year-To-Date Per Election for Office Sought		<b>25650.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Meath Media Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 18 / 2014</b>	
Mailing Address <b>4441 Klinge St., NW</b>		Amount <b>25550.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20016-3578</b>	Transaction ID : <b>E8C1D191A91414852836</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Online video production costs		Category/ Type	
Name of Federal Candidate Rep. Mike Simpson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> State: <b>ID</b>
Calendar Year-To-Date Per Election for Office Sought		<b>25650.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>25650.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>25650.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 20 / 2014**

Signature